

DEPARTMENT OF THE INTERIOR

ACQUISITION SCREENING AND REVIEW FORM

A. ACQUISITION PLAN:									
1. Date Prepared:		2. Purchasing Office & Address:			3. Solicitation/Requisition Number:				
4. Description of Commodity or Service, & Quantity:					4a. Product & Service Codes:				
					Code		Title		
					4b. NAICS Code(s):				
					Code		Title		Size Standard
5. Competitive		6. Proposed Synopsis		7. Cost/Price (Estimate)		8. Solicitation Date (Estimate):		9. Response to Bid Opening Date (Estimate)	
Non-Competitive <i>Attach Justification, unless 8(a)</i>		(a) YES		\$					
		(b) NO							
10. Proposed Method of Acquisition: Check One Box (a) through (e)									
(a) Section 8(a) Program			<i>Check all that apply below.</i>			(l) Sole Source			
(b) Hubzone Set-Aside			(g) Sealed Bidding			(m) Other (Specify)			
(c) Total Small Business Set-Aside			(h) Negotiated (41 USC 253 (c))						
(d) Partial Small Business Set-Aside			(i) Simplified Acquisition Procedures						
(e) NOT SET-ASIDE			(j) Commercial Item						
(f) Buy Indian			(k) PBSC						
11. Proposed Bidders/Source List									
(a) Number of Small Businesses			(b) Number of Large Businesses		PRO-Net Used				
(c) Number of Small Disadvantaged Businesses			(d) Number of Women-Owned Businesses		YES		NO		
(e) Number of Hubzone Businesses			(f) Number of Veteran-owned Businesses						
12. Basis for Proposed Method of Acquisition									
(a) Not Set-Aside for 8(a) because:				(c) Not Set-Aside for Small Business because :					
				(1) Non-Competitive					
				(2) Insufficient number of qualified Small Businesses					
				(3) See Acquisition History Below					
				(4) Other (Specify)					
(b) Not Set-Aside for HubZone because:				(d) Partial Small Business Set-Aside NOT Appropriate (See FAR 19.502-3)					
				(e) Additional Remarks:					

B. PREVIOUS ACQUISITION HISTORY:						
13. Has similar item/service been procured recently? <i>(Enter previous purchase order/contract number)</i>						
NO		Yes				
If YES, indicate method of acquisition <i>(use codes in Block 10 above)</i> and place of performance:						
13a. Method of Acquisition:						
13b. Place of Performance:						
14. If competitive, indicate number of responses received from the following types of businesses:						
Large	Small	Min/Disadv	HubZone	Woman-owned	Veterans	Other (Specify)
15. Date of Award		16. Contract Number		17. Total Cost/Price		18. Name and Address of Contractor
19. Type of Firm <i>(check all that are applicable)</i> :						
Large	Small	Min/Disadv	HubZone	Woman-owned	Veterans	Other (Specify)
20. Signature and Date:						
Purchasing Agent/Contract Specialist <i>(complete if different than the Contracting Officer)</i>					Date	
Contracting Officer					Date	
Business Utilization & Development Specialist					Date	
SBA Procurement Center Representative					Date	